EXHIBIT 3

Response

Sedgwick Claims Management Services, Inc.
P O Box 14516
Lexington, KY 40512-4516

sedgwick

Phone: (800)972-7602
Fax: (913)661-4999

November 12, 2020

Davis Law Group
Attn: Christopher M. Davis
2101 Fourth Avenue Suite 1030
Seattle, WA 98121

Re :	**Insured**:	USF Reddaway Inc
	Claimant Name:	Phillip B. Deterding
	Date of Loss:	09/25/2020
	Claim Number:	000100000217321

Dear Counselor:

Sedgwick Claims Management serves as the third-party administrator for USF Reddaway Inc. under the company's deductible program with Old Republic Insurance Company. Additionally, this shall respond to your Request for Business Information.

The insurer is Old Republic Insurance Company. The policy number is MWML 18562. Their address is Old Republic Risk Management Inc., 445 South Moorland Road, Suite 300, Brookfield, WI 53005. Their phone number is (877) 797-3400. As this involves a matching deductible, please address your communications to Sedgwick. Our address and phone number is shown above.

This letter will serve to acknowledge receipt of your Letter of Representation, relative to the above-captioned matter, as well as confirm my telephone call to your office. Additionally, this shall address the information

Please provide me with the following information relating to your client's loss so I can proceed with my investigation:

- Home address; date of birth; Social Security number
- Description of the injury sustained by your client
- Pre-existing or prior injury(ies)
- Status of the injury(ies) and treatment
- Medical carrier, claim number, claim handler, telephone number
- All wage loss information
- All specials received to date
- Detailed description of what occurred
- Names and addresses of all potential witnesses
- Your theory of liability
- Signed "Authorization For Medical Reports & Records"
- Signed "Medical Provider Information"

Please be advised that it may be necessary to obtain previous medical records if your client has sustained past injuries to any of the same body parts involved in this incident. We cannot send a medical records request to these doctors without a complete address either. I would greatly appreciate having copies of medical bills and reports forwarded to me once you receive same.

Thank you for your anticipated cooperation.

Sincerely,
James Reynolds
Sr. Liability Claims

Enc: Authorization For Medical Reports & Records, Medical Provider Information

Sedgwick Claims Management Services, Inc.
P O Box 14516
Lexington, KY 40512-4516
Adjuster: James Reynolds

sedgwick®

Phone: (913)661-4915
Fax: (913)661-4999

AUTHORIZATION FOR MEDICAL REPORTS & RECORDS

Re:
Insured: USF Reddaway Inc
Claimant Name: Phillip B. Deterding
Date of Loss: 09/25/2020
Claim Number: 000100000217321

To: All Medical Providers

And any other physician, hospital, clinic or medical care provider, presently unknown to me, who have or subsequently acquired information concerning my physical condition.

You are hereby authorized to provide to Sedgwick Claims Management Services, Inc. or any of their representatives, all information, facts and particulars, including reports, records, results of diagnostic tests, x-rays and statements of charges which may be requested regarding my medical condition, diagnosis, treatment rendered, prognosis, estimates of disability or recommendations for further treatment and to furnish them copies of such reports.

You are further authorized to allow any physician appointed by them to review all such reports, records and x-rays in your possession.

This information is to be used for purposes of evaluating and handling my claim for injury as a result of an accident occurring on or about 09/25/2020 and for no other purpose, now or in the future.

I agree that copies of this authorization carry the same authority as the original.

My authorization expires one year after the date of signature.

_____ Social Security Number

_____ Date of Birth

_____ Phillip B. Deterding 's Signature or Signature of Authorized Representative

_____ Today's Date

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Sedgwick Claims Management Services, Inc.
P O Box 14516
Lexington, KY 40512-4516
Adjuster: James Reynolds

sedgwick

Phone: (913)661-4915
Fax: (913)661-4999

MEDICAL PROVIDER INFORMATION

Re:
Insured: USF Reddaway Inc
Claimant Name: Phillip B. Deterding
Date of Loss: 09/25/2020
Claim Number: 000100000217321

1. Name: _____
   Address: _____
   Phone #: _____

2. Name: _____
   Address: _____
   Phone #: _____

3. Name: _____
   Address: _____
   Phone #: _____

4. Name: _____
   Address: _____
   Phone #: _____

5. Name: _____
   Address: _____
   Phone #: _____

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